



# **FOSTER PARENT**

# **INVOICING MANUAL**



INDIANA  
DEPARTMENT OF  
CHILD  
SERVICES

## INSTRUCTIONS FOR COMPLETING A CLAIM FOR SUPPORT OF CHILDREN FOR PER DIEM

- **BOX 1. Name of vendor-** This is the legal name you put on your Vendor Information Form when you signed up to receive per diem for your foster child.
- **BOX 2. Tax Identification Number-** This is your SSN.
- **BOX 3. ST Number-** This is the 6 digit number that was assigned to you when you signed up as a vendor to receive per diem for your foster child. You can find your ST # at <http://financials.dcs.in.gov/login.aspx>. Select "Provider Service Guide" and enter your SSN.
- **BOX 4. Invoice Number-** This is a number that you create for us to be able to identify each invoice. This number must consist up to only 8 digits and/or letters. THIS IS REQUIRED ON EVERY INVOICE AND MUST BE DIFFERENT ON EVERY INVOICE. Examples ("Mar2012" or "Apr2012")
- **BOX 5. Date of Invoice-** This is the date of your invoice. This date has to be within 10 business days (Saturdays included) of the date your invoice is stamped into our office. It also needs to be dated after the last date of placement. The best example is to put the date you mail your claim as your invoice date. **\*\*\*Please do not date or mail your invoice until AFTER the last date you are billing.** Example (Do not date your invoice for 4/30/2012 and mail it in on 4/25/2012. It needs to be mailed on 5/1/2012 to avoid any delay in your payment\*\*\*\*
- **BOX 6. Address-** This is your current and complete address (including city, state, zip). This address MUST match the address we have in our system in order for us to process your claim. If you move you must complete a Vendor Information Form to have your address changed with our office.
- **BOX 7. Invoice Type-** This is the kind of invoice you are completing. If it is the first time you are sending the invoice you would mark First Bill. If it is something you are rebilling you would mark Re-Bill. If it is something you are appealing you would mark Appeal.
- **BOX 8. Page \_\_\_\_ of \_\_\_\_ Pages-** This is the number of pages your invoice contains. Example (If your invoice is 1 page you would enter Page 1 of 1 Pages. If your invoice is 2 pages you would enter 2 of 2 etc.)
- **BOX 9. Invoice Service Type-** You will put a check in the box that says Foster Parent.
- **BOX 10. For the period-** This is the first and last days of the month being billed on the invoice.
- **BOX 11. Total of Claim-** This is the sum of all your lines you are billing (Column 21).
- **BOX 12. County-** This is the county the per diem was ordered.
- **BOX 13. PL#-**When billing for monthly per diem you need to bill with the PL# that is located on the top right hand corner of the child's ICPR. You can obtain this number or a copy of the ICPR by contacting your FCM or Foster Care Specialist. You should include PL- at the beginning of the number. **(REQUIRED)**



## INSTRUCTIONS FOR COMPLETING A CLAIM FOR SUPPORT OF CHILDREN FOR PER DIEM (CONT'D.)

- **BOX 14. Case #-** *This is where you put the child's case number. (REQUIRED)*
- **BOX 15. Name/Comments/Documentation-** *This is where the name of the foster child goes and where you would put any general information you would like our office to know about your invoice.*
- **BOX 16. Billing Code-** *This is where you would put the billing code of the service your foster child is receiving. \*See the attached list of service codes.*
- **BOX 17. Dates of Service Begin-** *This is the first day of placement.*
- **BOX 18. Dates of Service End-** *This is the last day of placement. Please remember that DCS will only pay for overnight stays. Example (If you are billing for per diem from 3/1/12 through 3/31/12, 31 days, and the child did not stay overnight in your home on 3/31/12 you can only claim through 3/30/12, 30 days)*
- **BOX 19. Unit-** *This is the number of days you are claiming. Example (31 days=31 units)*
- **BOX 20. Rate-** *This is the dollar amount (rate) that is located on your child's ICPR that was determined by the Child & Adolescent Needs and Strengths (CANS) assessment done by your FCM. You may obtain a copy of the child's ICPR from your FCM. If there is a change in rate for any reason the child will be given a new ICPR with a new PL#. If this occurs you will need to make sure you obtain a copy from your FCM and that you are billing with the correct PL #.*
- **BOX 21. Total Cost-** *This is the total of the line. You reach this number by multiplying the number of units (days) by the rate you are billing. Example (31 units at a rate of 18.88 is 31 x 18.88=585.28)*
- **BOX 22. Signature of vendor-** *This is the signature of the person who is on the vendor information form that you submitted to receive payments. THIS IS REQUIRED AND MUST BE AN ORIGINAL SIGNATURE. NO COPIES ARE ACCEPTED AND WILL RESULT IN DELAY OF YOUR PAYMENT. ALL PAGES MUST BE SIGNED. BLUE INK IS STRONGLY RECOMMENDED.*
- **BOX 23. Telephone number of vendor-** *This is where you put the best contact phone number for us to be able to reach you at if there is an issue with your invoice.*
- **BOX 24. E-mail address of vendor-** *This is where you put the best email contact for us to be able to send correspondence at if there is an issue with your invoice.*
- **BOX 25. Date-** *This is the date that you sign the invoice.*



INDIANA  
DEPARTMENT OF  
CHILD  
SERVICES

# EXAMPLE CLAIM FOR PER DIEM



**CLAIM FOR SUPPORT OF CHILDREN**  
**Payable from Family and Children Funds**

State Form 28808 (R13 / 4-12) / DCS 0327  
Approved by State Board of Accounts, 2012  
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor Jane Doe		2. Tax identification number 555-55-5555	3. ST number ST123456	4. Invoice number 12-Apr	5. Date of invoice 5/1/2012
6. Address (number and street, city, state, and ZIP code) 123 America St. America, Indiana 43210		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page 1 of 1 Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Independent Living <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: April 1, Year 2012 to April 30, Year 2012					11. Total of Claim \$ 1,181.70

CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE										
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. DATES OF SERVICE		18. UNIT	19. RATE	20. TOTAL COST
						17. BEGIN	17. END			
1	Morgan	PL-1111	987654321	JOHNNY APPLESEED	20721.11478	04/01/12	04/30/12	30.00	18.88	566.40
2	Marion	PL-2222	123456789	SNOW WHITE	20721.11479	04/01/12	04/30/12	30.00	20.51	615.30
3										
4										
5										
6				***YOU MAY ALSO USE THIS COLUMN TO PUT						
7				ANY ADDITIONAL INFORMATION YOU WOULD						
8				LIKE OUR OFFICE TO KNOW ABOUT YOUR						
9				INVOICE***						
10										
11										
12										
13										
14										
15										
16										
Pursuant to the provisions and penalties of Indiana Code 6-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.									Page Total	1,181.70
I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.										
22. Signature of vendor <b>SIGN HERE (DO NOT SEND A COPY)</b>				23. Telephone number of vendor (317) 555-5555		24. E-mail address of vendor myemailaddress@yahoo.com			25. Date (month, day, year) DATE YOU SIGN HERE	



# FOSTER CARE PER DIEM BILLING CODES

- 20721.11478-Foster Care (CANS Category 1) 0-4 years old
- 20721.11479-Foster Care (CANS Category 1) 14-18 years old
- 20721.11480-Foster Care (CANS Category 1) 5-13 years old
- 20721.11481-Foster Care (CANS Category 2) 0-4 years old
- 20721.11482-Foster Care (CANS Category 2) 14-18 years old
- 20721.11483-Foster Care (CANS Category 2) 5-13 years old
- 20721.11484-Foster Care (CANS Category 3) 0-4 years old
- 20721.11485-Foster Care (CANS Category 3) 14-18 years old
- 20721.11486-Foster Care (CANS Category 3) 5-13 years old
- 20721.11487-Foster Care (CANS Category 4 or higher) 0-4 years old
- 20721.11488-Foster Care (CANS Category 4 or higher) 14-18 years old
- 20721.11489-Foster Care (CANS Category 4 or higher) 5-13 years old
- 20721.11491-ESC TIER II



## OTHER PAYMENTS MADE TO FOSTER PARENTS RECEIVING PER DIEM

### PAYMENTS MADE TO RESOURCE PARENT

Receiving Per Diem

#### Clothing

Initial clothing & personal allotment	\$200 maximum per child
Ongoing clothing	No-an appeal is required
School uniforms	No-an appeal is required unless initial
Sudden weight gain or loss	No-an appeal is required
Other uniforms (sports, band)	Personal Allowance
Special Circumstances	
Prom	Personal Allowance
Other special occasion	Personal Allowance

#### Client Travel

Mileage	In excess of approx 162 miles per month
Parking	Personal Allowance
Tolls	Personal Allowance
Bus Passes	Personal Allowance
Transportation vouchers	No
Gas Cards	No
Taxi	No

#### Recreation

Team sports leagues	Personal Allowance
Lessons (sports, music, dance)	Personal Allowance
Special events	Personal Allowance
Summer camp	Personal Allowance
Musical instruments	Personal Allowance
Sporting equipment	Personal Allowance
Youth club dues	Personal Allowance
Community center dues	Personal Allowance

#### Supplies

School supplies	No - per diem funds
Personal incidents	No - per diem funds
Phone cards	No

#### Education

Preschool-	No
Alternative schools	No
Computer hardware/software	Personal Allowance
Field trips	Personal Allowance
Class pictures	Personal Allowance
Book rental fees	D.O.E. Cannot charge for Wards
Driver's education	Personal Allowance (unless eligible for IL)
Summer school/programs-	Personal Allowance
Application fees	Personal Allowance
Tutoring	Personal Allowance
Internet classes	Personal Allowance
Extra curricular activities	Personal Allowance
Electronic devices (laptop, etc)	Personal Allowance

#### Miscellaneous

Day Care/Respite	No
Bed & Bedding	No
High chair (baby equipment)	Personal Allowance
Car seat	Yes or Personal Allowance

#### Special Occasion Allowance

Birthday - \$50 (no referral)	must be in foster care on day of birthday
December holiday - \$50 (no referral)	must be in foster care on December 25th

**Initial Clothing** - available anytime within the first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral.

**Personal Allowance** - Each child will receive an annual personal allowance up to \$300 per calendar year. The child must be in placement 8 consecutive days to qualify. The FCM must make efforts to seek alternative community funding sources prior to utilizing this fund. Service referral is needed.

**Car Seats** - DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Personal Allowance may be used if an upgrade is needed or an extra car seat is needed for a second vehicle.

**Mileage** - must be in excess of 162 miles per month and paid at the state rate, currently .44/mile. Approved travel includes visitations, health appointments, case activities and to school if transportation is not provided per Indiana law. No service referral needed unless exception to policy.

The FCM, Supervisor, or LOD can appeal for funds for families to cover unusual circumstances or situations. A one (1) page written request stating reason, circumstances and the amount must be submitted to the Regional Manager and the Regional Finance Manager with the final determination made by the Regional Manager. All requests must outline the efforts made to utilize outside funding (i.e. donations, civic organizations, churches, Salvation Army, etc.). Approval or Denial will be copied to the Regional Finance Manager.



## FOSTER PARENT PERSONAL ALLOWANCE BILLING CODES

(A referral from your FCM is required for these services)

- 300002.2- Summer Camp
- 300002.5- Graduation Items
- 300002.6- Prom Items
- 300002.7- Children's Bed and Bedding
- 300002.8- Parental Travel for Visitation
- 300002.9- Initial Clothing
- 300002.10- Musical Instrument
- 300002.11- Lessons (Indicate what type of lesson/class)
- 300002.12- Sporting Equipment
- 300002.13- Special Event
- 300002.14- Sports Team Costs
- 300002.15- Dues (Indicate what type of dues)
- 300002.16- Uniforms
- 300002.17- Special Clothing
- 300002.18- Application Fees
- 300002.19- Tutoring
- 300002.20- Special Programs
- 300002.28- Weight Gain or Loss
- 300002.29- Special Circumstance (Other)
- 300002.31- Extra Curricular Activities
- 300002.33- Driver's Education (For IL Eligible Only)
- 300002.34- Community Center Dues
- 300002.35- Internet Classes
- 300002.36- Summer School/Programs
- 300002.11492- Holiday Allowance \*
- 300002.11493- Birthday Allowance \*

\* Please note: Holiday and Birthday allowances do **NOT** require a referral from your FCM.



INDIANA  
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SERVICES

# EXAMPLE CLAIM FOR PERSONAL ALLOWANCE



**CLAIM FOR SUPPORT OF CHILDREN**  
**Payable from Family and Children Funds**

State Form 28808 (R13 / 4-12) / DCS 0327  
Approved by State Board of Accounts, 2012  
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor Jane Doe		2. Tax Identification number 555-55-5555	3. ST number ST123456	4. Invoice number Apr-12A	5. Date of invoice 5/1/2012
6. Address (number and street, city, state, and ZIP code) 123 America St. America, Indiana 43210		7. Invoice Type <input checked="" type="checkbox"/> First Bill <input type="checkbox"/> Re-Bill <input type="checkbox"/> Appeal		8. Page <u>1</u> of <u>1</u> Pages	
9. Invoice Service Type <input type="checkbox"/> Residential <input type="checkbox"/> LCPA <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Foster Parent <input type="checkbox"/> Family Preservation <input type="checkbox"/> Independent Living <input type="checkbox"/> Adoption <input type="checkbox"/> Home Builders <input type="checkbox"/> CMHC <input type="checkbox"/> Medicaid <input type="checkbox"/> Group <input type="checkbox"/> Court <input type="checkbox"/> Reports					
10. For the period: From: <u>April 1</u> , Year <u>2012</u> to <u>April 30</u> , Year <u>2012</u>					11. Total of Claim \$ <u>90.95</u>

CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE											
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	DATES OF SERVICE		19. UNIT	20. RATE	21. TOTAL COST	
1	Morgan	RF111111	987654321	JOHNNY APPLESEED	330002.29	04/20/12	04/20/12	1.00	55.95	55.95	
2				Car Seat for Johnny							
3											
4	Marion	RF222222	123456789	SNOW WHITE							
5				Swimming Lessons for Snow White	330002.11	04/15/12	04/15/12	1.00	35.00	35.00	
6											
7				<b>**PLEASE ATTACH ALL RECEIPTS TO A BLANK 8 1/2 BY 11 SHEET OF PAPER AND ATTACH THAT PAPER TO YOUR INVOICE.**</b>							
8											
9											
10											
11											
12											
13											
14											
15											
16											

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor <b>SIGN HERE (DO NOT SEND A COPY)</b>	23. Telephone number of vendor (317) 555-5555	24. E-mail address of vendor myemailaddress@yahoo.com	25. Date (month, day, year) DATE YOU SIGN HERE
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# Vendor Information Form

Vendor Information Forms must be submitted for a vendor to initially receive payment from the state. These forms are also submitted to add e-mail addresses (for receiving EFT Notifications) or to initiate changes involving vendor address, banking information, etc. Vendor Information Forms should be submitted to:

**DCS Resource Unit**  
**Room W364, Mail Stop 54**  
**402 W. Washington Street**  
**Indianapolis, IN 46204**

Vendor Information Forms can also be scanned and e-mailed to:  
[DCSResourceUnit@dcs.in.gov](mailto:DCSResourceUnit@dcs.in.gov) or faxed to 317-234-5960.

# Vendor Information Form (CONT'D)

## Additional guidelines regarding the Vendor Information Form:

1. Please ensure you have a current version of the form, identified by “10-9” in the 2<sup>nd</sup> line of the form heading: State Form 53788 (R2 / 10-09) available at:  
<http://www.in.gov/dcs/2328.htm>
2. Please follow the instructions that accompany the form, although it is **strongly recommended that you please disregard the instruction to submit to the Statehouse address. Submitting to DCS Resource Unit will allow us to ensure the form is filled-out correctly and completely, so that it gets processed timely.**
3. When changing bank or bank account, submission of a Vendor Information form must include banking info. completed on the form by your financial institution or a copy of a voided check (starter checks are not acceptable).
4. Please write a note at the top of the form briefly summarizing the reason for submitting a Vendor Information form., e.g. address change, bank change, adding e-mail address, etc.
5. Please note that an individual cannot be entered as the legal name for an LLC or corporation. Legal name submitted should coincide with your contract legal name.
6. For any invoices submitted within 2 weeks after submitting a Vendor Information form, please attach a copy of the submitted Vendor Information form to the invoice, along with a note that the form has already been submitted to the DCS Resource Unit.

# THANK YOU

*We appreciate all that you do helping us in  
Protecting our children, families, and future!*